### Los Angeles County Sheriff's Lepartment Supervisor's Report on Use of Force Page Page 1 of 6

					Inci	dent Info	rmation						
	URN: 9 1 6	- 1 2	5 5 7 -	1 1 2	2 2 -	0 9 4	Date:	07/2	1/16	Time:	003	9 hrs	
	Location:		West L	ancaste:	Blvd		City or Station	on:		Lancas	ter		
	Bureau/Station/	Facility:		NPD	/Lancas	/Lancaster Station Admin. Investigation						s O no	
	Type of Force:	Resiste	d Handcuf	fing , Co	ntrol Ho	ol Holds , Taser, Personal Weapons							
	Incident Catego	ry: C	)1	③ 3		Deputy I	njury : 🔘 ʻ	YES @	) NO Sus	pect Injury	ct Injury    YES  NO		
	⊠ Call			bservation			Detail		Foot Pur	suit [	☐ Vehicle Pursuit		
	IAB Notified:	YES (	NO Person	Notified:		berta Gra		np:		IAB Roll O	ut 🎯 Y	ES 🔾 NO	
E 1	Employee #	Last Name	Object		Inv	olved Emp Fi	oloyee st Name		<b>3</b> 0. 3.5. 3.5. 3.5. 3.5. 3.5. 3.5. 3.5. 3.	Mido	ile I.	Rank DSG	
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	Injured	Treated	Admitted	Facility:			***************************************				Corone	r Case #	
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	Sex:  M O F	Race:	Height: 5' 05"	Weight: 120	Age:	Shift:	M O Day	○ PM	Regula	ar Shift 🔘	OT Shift	Off Duty	
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- 2	Employee #	Last Name				Fir	st Name			Midd	lle I.	Rank DSG	
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I	Emp_#	Last Nam	e		uperviso irst Name	r Complet	ng Investiga M	ation Middle I.	Rank	Present		s to Incident	
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	Emp_#	Last Nam	e Granek		irst Name	Roberta		/liddle I. C	Rank Lt.				
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	Watch Command	er / Super	vising Lieuter	nant's <b>Sign</b>	ature:	<u>0</u> /	Date	Copy F	Provided to	Employe	e by:	Emp #:	
	Unit Command	er (Print N	lame)	<del></del>		Jnit Comr	nander's <b>Si</b>	gnature	):	Emp	#:	Date	
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Copy: Unit Commander

SH-R-438P (Rev. 01/13)

# Supervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation

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Page 2 of 6

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### Supervisor's Report on Use of Force SUSPECT INFORMATION

9 1 6 - 1 2 5 5 7 - 1 1 2 2 - 0 9 4

Page 3 of 6

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## Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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Page 4 of 6

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### Supervisor's Report on Use of Force **EMPLOYEE / NON-EMPLOYEE INFORMATION - Continuation**

9 1 6 - 1 2 5 5 7 - 1 1 2 2 - 0 9 4 Page 5 of 6 **Employee Witnesses** Last Name Emp. # First Name Middle Name Molidor James D. Unit of Assignment: Work Assignment (Unit #, Module, etc.): Shift: ● EM O Day OPM Regular OT Off Duty Lancaster Station 110S Emp. # Last Name First Name Middle Name Unit of Assignment: Work Assignment (Unit #, Module, etc.): ○ EM ○ Day ○ PM Regular OT Off Duty Emp. # Last Name First Name Middle Name Unit of Assignment: Work Assignment (Unit #, Module, etc.): Shift: Regular OT Off Duty ○ EM ○ Day ○ PM **Non-Employee Witnesses** Last Name Middle Name D.O.B. Age Street Address City Zip Code Phone #1 Phone #2 Last Name First Name Middle Name D.O.B. Age Street Address City Zip Code Phone #1 Phone #2 Last Name First Name Middle Name Age D.O.B. Street Address Phone #2 City Zip Code Phone #1 Last Name First Name Middle Name Age D.O.B. Zip Code Street Address City Phone #1 Phone #2 Last Name First Name Middle Name D.O.B. Age Street Address City Zip Code Phone #1 Phone #2 First Name Last Name Middle Name Age D.O.B. Street Address City Zip Code Phone #1 Phone #2 Last Name First Name Middle Name D.O.B. Age Street Address City Zip Code Phone #1 Phone #2 Last Name First Name Middle Name D.O.B. Age Street Address City Zip Code Phone #1 Phone #2 Last Name First Name Middle Name Age D.O.B. Street Address City Zip Code Phone #1 Phone #2

### Supervisor's Report on Use of Force 916-12557-1122-094

#### Method

(AW)	Arwen	(FH)	Firearm (Handgun)	(PO)	Personal Weapon (Other)
(BC)	Baton: (Control)	(FR)	Firearm (Rifle)	(RS)	Resistance
(BI)	Baton: (Impact)	(FS)	Firearm (Shotgun)	(CN)	Restraint Device (Capture Net)
(BF)	Bodily Fluids	(FO)	Firearm (Other)	(RH)	Restraint Device (Handcuffs)
(CN)	Canine	(FB)	Flashbang	(HB)	Restraint Device: Hobble (Legs Only)
(CR)	Carotid Restraint	(FL)	Flashlight	(TP)	Restraint Device: Hobble (TARP)
(CH)	Choke Hold	(OE)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
(CT)	Control Holds: (Control Techniques)	(OV)	Other Weapon: Vehicle	(SP)	Sap
(TT)	Control Holds: (Team Takedown)	(OB)	Other Weapon: Blunt Object	(SH)	Shield
(TD)	Control Holds: (Takedown)	(00)	Other Weapon: Other	(SG)	37mm Stinger
(CE)	Chemical	(PK)	Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
(OC)	Chemical Agents (OC Spray)	(PS)	Personal Weapon: Feet/Leg: (Sweep)	(ST)	Stun Bag
(TG)	Chemical Agents (Tear Gas)	(PH)	Personal Weapon (Hand/Arm)	(TR)	Taser
(EX)	Explosives	(PP)	Personal Weapon (Push)	(UC)	Uncooperative

Туре	of Injury					Body	y Part Injur	ed		gerg (palacide accessed	
(AB)	Abrasion	(DB)	Dog Bite	(PA)	Paralysis	(AD)	Abdomen	(FA)	Face	(HI)	Hip
(BR)	Bruise	(FR)	Fractures	(PW)	Puncture Wound	(AK)	Ankle	(FE)	Feet	(IN)	Internal
(BU)	Burn	(GS)	Gunshot	(SD)	Soft Tissue Damage	(AR)	Arm	(FI)	Fingers	(KN)	Knees
(CP)	Complaint of Pain	(HB)	Human Bite	(ST)	Sprain/Twists	(BK)	Back	(GE)	Genitals	(LE)	Leg
(CO)	Concussion	(LC)	Lacerations	(UN)	Unconscious	(BT)	Buttocks	(GR)	Groin	(NK)	Neck
(DH)	Death	(ND)	Nerve Damage	(RM)	Refused Med Treatment	(CH)	Chest	(HD)	Hands	(NO)	Nose
(DI)	Dislocation	(OD)	Organ Damage	(NN)	NONE	(EL)	Elbow	(HE)	Head	(SH)	Shoulder
										(WR)	Wrist

FORCE USED	ВҮ	FORCE USED AGA	NST	Method	Type of	Body Part	
Name	E# or S#	Name E# or S#		(Code)	Injury (Code)	(Code)	
Nevarez	S1	Chipinka	E1	UC	NN		
				RS	NN		
Nevarez	S1		E2	UC	NN		
				RS	NN		
Nevarez	S1	Courtial	E3	UC	NN		
				RS	NN		
Nevarez			E4	UC	NN		
				RS	NN		
Chipinka	E1	Nevarez	S1	CT	NN	AR	
				RH	NN		
	E2	Nevarez	S1	TR	PW	AD	
				CT	NN	BK	
Courtial	E3	Nevarez	S1	CT	FR	AR	
				PH	NN	BK	
				PH	NN	SH	
				PH	SD	HE	
				RH	NN		
	E4	Nevarez	S1	CT	NN	LE	